

**FINANCIAL STATEMENT OF DEBTOR**

Expiration Date: 9/30/2008

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME			2. DATE OF BIRTH (Month, Day and Year)		
3. ADDRESS (Include ZIP Code)			4. PHONE NO.	5. SOCIAL SEC. NO.	
6. OCCUPATION		SBA LOAN NUMBER		7. HOW LONG IN PRESENT EMPLOYMENT?	
8. EMPLOYER'S NAME		ADDRESS (Include ZIP Code)		PHONE NUMBER	
9. MONTHLY INCOME:		10. OTHER EMPLOYERS WITHIN LAST 3 YEARS			
Salary or wages \$		Name		Address	
Commissions \$				Dates of Employment	
Other (state source) \$					
Total \$					
11. NAME OF SPOUSE		SOCIAL SEC. NO.		12. DATE OF BIRTH (Month, Day and Year)	
13. OCCUPATION				14. HOW LONG IN PRESENT EMPLOYMENT?	
15. SPOUSE'S EMPLOYER (Name)		ADDRESS (Include ZIP Code)		PHONE NUMBER	
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EMPLOYERS WITHIN LAST 3 YEARS (Of Spouse)			
Salary or wages \$		Name		Address	
Commissions \$				Dates of Employment	
Other (state source) \$					
Total \$					
18. OTHER DEPENDENTS: NUMBER			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
Name Relationship Age			Rent or House Payment \$		
			Utilities \$		
			Food \$		
			Interest \$		
			Insurance \$		
			Debt repayments:		
			Household furnishings \$		
			Personal Loans \$		
			Automobile \$		
			Doctors and Dentist \$		
			Other (Specify) \$		
19. TOTAL MONTHLY INCOME OF DEPENDENTS (Except Spouse) \$			TOTAL FIXED MONTHLY EXPENSES \$		
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?					
21. WHERE WAS TAX RETURN FILED?					
22. AMOUNT OF GROSS INCOME REPORTED \$					
24. ASSETS: (Fair Market Value)			(SHOW AMOUNTS TO NEAREST DOLLAR)		
Cash \$			LIABILITIES		
Checking accounts: (Show location)			Bills owed (grocery, doctor, lawyer, etc.) \$		
Savings Accounts: (Show location)			Installment debt (car, furniture, clothing, etc.)		
Cash surrender value of life insurance			Taxes owed:		
Motor Vehicles:			Income		
Make Year License No.			Other: (Itemize)		
Debts owed to you: (Name of debtor)			Loans payable (to banks, finance companies, etc.)		
Stocks, bonds and other securities:			Judgments you owe (Held by whom?)		
Household furniture and goods			Small Business Administration		
Items Used in Trade or Business			Loans on Life Insurance		
Other Personal Property: (Itemize)			Mortgages on Real Estate		
Real Estate: (Itemize)			Margin Payable on Securities		
Other Assets: (Itemize)			Other debts: (Itemize)		
TOTAL ASSETS: \$			Total Liabilities \$		
			Net Worth		
			CONTINGENT LIABILITIES \$		



25. LOANS PAYABLE: Owed To						Date of Loan	Original Amount \$	Present Balance \$	Terms of Repayments \$	How Secured
							\$	\$	\$	
							\$	\$	\$	
							\$	\$	\$	

26. REAL ESTATE OWNED: (Free & Address	How Owned (Jointly, individually, etc.)	Present Market \$
27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE Address	Date acquired	Balance Owed \$
	Name of Seller or Mortgagor	
	Purchase Price \$	Date Next Cash Payment Due
	Present Market Value \$	Amount of Next Cash Payment \$

28. LIFE INSURANCE POLICIES: Company	Face Amount \$	Cash Surrender Value \$	Outstanding Loans \$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

29. LIST ALL REAL AND PERSONAL PROPERTY OWNED BY SPOUSE AND DEPENDENTS VALUED IN EXCESS OF \$500:

30. LIST ALL TRANSFERS OF PROPERTY, INCLUDING CASH (BY LOAN, GIFT, SALE, ETC.), THAT YOU HAVE MADE WITHIN THE LAST THREE YEARS. (LIST ONLY TRANSFERS OF \$500 OR OVER.)
 

Property Transferred	To Whom	Date	Amount
			\$
			\$
			\$

31. ARE YOU A CO-MAKER, GUARANTOR, OR A PARTY IN ANY LAW SUIT OR CLAIM NOW PENDING?  
☐ YES    ☐ NO    IF YES, GIVE DETAILS

32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR?    ☐ YES    ☐ NO    IF YES, GIVE DETAILS

33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED?    NO ☐ YES ☐  
 IF YES, GIVE DETAILS

34. WHEN DO YOU FEEL THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU FEEL THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government, I certify that all the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by another.

Under the provisions of the Privacy Act, loan applicants are not required to give their social security number. The Small Business Administration, however, uses the social security number to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law but having the number makes it easier for SBA to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Any Person concerned with the collection of this information, its voluntariness, disclosure or routine under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416

SIGNATURE	DATE

**PLEASE NOTE:** The estimated burden for completing this form is 1 Hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 405 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0012). **PLEASE DO NOT SEND FORMS TO OMB.**

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